

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE 1 OF 27 PAGES	
1. REQUEST NO. N66001-04-Q-9596		2. DATE ISSUED 23 JUN 04		3. REQUISITION/PURCHASE REQUEST NO. 7000010417		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY CONTRACTING OFFICER SPAWAR SYSTEMS CENTER 53560 HULL STREET SAN DIEGO CA 92152-5302						6. DELIVER BY (Date) SEE F-302	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME MIKE VALDEZ			TELEPHONE NUMBER			9. DESTINATION	
			AREA CODE 619		NUMBER 553-4532		
8. TO:						a. NAME OF CONSIGNEE RECEIVING OFFICER, SPAWARSYSCEN	
a. NAME			b. COMPANY			b. STREET ADDRESS 53605 HULL STREET	
c. STREET ADDRESS						c. CITY SAN DIEGO	
d. CITY			e. STATE		f. ZIP CODE		d. STATE CA e. ZIP CODE 92152-5410
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 16 JULY 2004				IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO.	SUPPLIES/SERVICES				QUANTITY	UNIT	UNIT PRICE
(a)	(b)				(c)	(d)	(e)
	DESIGN, FABRICATE, TEST, AND DELIVER GPS ANTENNA SYSTEM WDM FIBER OPTIC LINK IN ACCORDANCE WITH THE SPECIFICATIONS, [ATTACHMENT (5)].				1	EA	\$
12. DISCOUNT FOR PROMPT PAYMENT			a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)
							d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input checked="" type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER							
b. STREET ADDRESS							
c. COUNTY					16. SIGNER		
					a. NAME (Type or print)		b. TELEPHONE AREA CODE
d. CITY		e. STATE		f. ZIP CODE	c. TITLE (Type or print)		NUMBER